

Thursday, December 08, 2011

Case#: 79470

Patient's Name: Sharon Rodriguez  
Claim Number: 11112353

**PLEASE REPLY TO:**  
Shaniqua Barrett  
(562) 501-1252  
sbarrett@hdonaldson.org

**NOTICE OF STATUTORY LIEN CLAIM**  
**Civil Code Sections 3045, et seq.**

Hunter Donaldson, LLC is the authorized agent of **Citrus Valley Health Partners**. NOTICE IS HEREBY GIVEN THAT **Citrus Valley Health Partners** claims a lien on any damages that the patient named above may recover. It is your legal obligation to ensure that this lien is paid if payment is made from any settlement, recovery, and/or judgment. Pursuant to Civil Code Sections 3045, et seq., the following information is provided:

**Name and address of person(s) injured:**  
Sharon Rodriguez  
1335 N Barranca Apt 6  
Covina, CA 91722

**Date of Accident:**  
11/4/2011

**Reasonable & necessary charges to date:**  
\$1,205.75

**Name and address of medical facility:**  
Citrus Valley Health Partners  
1325 North Grand Avenue, Bldg A 300  
Covina, CA 91724-1016

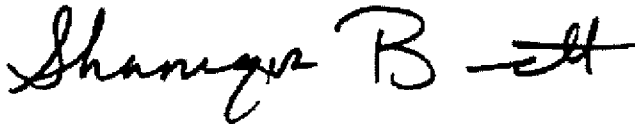
**Name of person(s) alleged to be liable:**  
Admisure, Inc Insured

Furthermore, as soon as a settlement is reached, pursuant to California Civil Code 3045.4, we hereby request that you issue a separate, single-party check payable to "**Hunter Donaldson, LLC as trustee for Citrus Valley Health Partners**" for the amount of \$1,205.75. Please mail it at your convenience to:

**Hunter Donaldson, LLC**  
**100 East La Habra Boulevard**  
**La Habra, CA 90631**  
**Federal Tax ID: 26-0686089**

Please contact the undersigned if you have any questions. Thank you very much for your time and consideration.

Sincerely,



Shaniqua Barrett  
Tel: (562) 501-1252 Fax: (562) 501-9252

12/27/2011

HB\_AD0001948

January 06, 2012

Hunter Donaldson, LLC  
100 East La Habra Boulevard  
La Habra, CA. 90631  
ATTN: Shaniqua Barrett

Re:           Our Principal:           City of Hermosa Beach  
              Claimant:             Sharon Rodriguez  
              Date of Loss:         10/31/2011  
              Our Claim Number:   11-112353  
              Claim Submitted:    11/15/2011  
              Your Principal:       Citrus Valley Health Partners


Dear Ms. Barrett:

This letter will acknowledge receipt of your 12/08/11 Statutory Lien Notice in the amount of \$1,205.75 in behalf of your principal Citrus Valley Health Partners in connection with medical treatment provided to Sharon Rodriguez on 11/04/11.

Please be advised that we have investigated the facts of the trip and fall incident involving Sharon Rodriguez on 10/31/11. Our investigation confirmed that there is no liability on the part of our principal in connection with the trip and fall incident that occurred when Sharon Rodriguez stepped into a tree cut out on the board walk in Hermosa Beach in front of Paulmilla Bistro.

The claim that Sharon Rodriguez submitted to our principal on 11/15/11 was rejected by the City of Hermosa Beach on 12/06/11.

Sincerely,



Susan Diotte,  
Liability Administrator

cc: City Of Hermosa Beach  
    ATTN: Monica Bagnara, Personnel Assistant  
    Personnel & Risk Management Departme

**VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

December 06, 2011

Ms. Sharon Rodriguez  
1335 N. Barranca, Apt. #6  
Covina, CA 91722

Re:        Our Principal:        City of Hermosa Beach  
             Claimant:            Sharon Rodriguez  
             Date of Loss:        10/31/2011  
             Claim Submitted:    11/15/2011  
             Our Claim Number:   11-112353

Dear Ms. Rodriguez:

AdminSure, Inc. is authorized by the City of [Hermosa Beach](#) to administer the City's self-insured liability program. The injury claim that you submitted to our principal has been referred to our office for handling.

Notice is hereby given that the claim, which you presented to the City of [Hermosa Beach](#) on 11/15/2011, has been rejected as of the date of this notice.

**WARNING**

SUBJECT TO CERTAIN EXCEPTIONS, YOU HAVE ONLY (6) MONTHS FROM THE DATE THIS NOTICE WAS PERSONALLY DELIVERED OR DEPOSITED IN THE MAIL TO FILE A COURT ACTION ON THIS CLAIM. SEE GOVERNMENT CODE SECTION 945.6.

YOU MAY SEEK THE ADVICE OF AN ATTORNEY OF YOUR CHOICE IN CONNECTION WITH THIS MATTER. IF YOU DESIRE TO CONSULT AN ATTORNEY, YOU SHOULD DO SO IMMEDIATELY.

PLEASE ALSO BE ADVISED THAT PURSUANT TO CALIFORNIA CODE OF CIVIL PROCEDURE 128.5 AND 1038, THE CITY WILL SEEK TO RECOVER ANY COSTS OF DEFENSE IN THE EVENT THAT AN ACTION IS FILED IN THIS MATTER WHICH IS DETERMINED NOT TO HAVE BEEN BROUGHT IN GOOD FAITH WITH REASONABLE CAUSE.

Sincerely,

Sharon Rodriguez  
December 06, 2011  
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A handwritten signature in black ink, appearing to read "Susan Diotte".

Susan Diotte,  
Liability Administrator

cc: City of Hermosa Beach  
Civic Center  
1315 Valley Drive  
Hermosa Beach, CA. 90254  
ATTN: Monica Bagnara, Personnel Assistant

November 30, 2011

Sharon Rodriguez  
1335 N. Barranca, Apt. #6  
Covina, CA 91722

Re: Sharon Rodriguez v. City of Hermosa Beach  
Date of Loss - 10/31/2011  
Our Claim Number - 11-112353

Dear Ms. Rodriguez:

AdminSure is the Third Party Administrator for the City of Hermosa Beach. As such, we have received the claim that you submitted to our principal on November 15, 2011.

This letter will acknowledge receipt of the claim. In the future, please direct all information and inquiries to the attention of the undersigned.

We are enclosing a Medical Authorization and a Wage Information Authorization and request that you complete, date and sign the authorization and return them to the attention of this writer.

We have initiated an investigation into the facts of the incident and we will be communicating with you in the near future.

In the meantime, please contact the undersigned if you have any questions whatsoever.

Sincerely,  
AdminSure, Inc.



Susan Diotte,  
Liability Administrator  
(909) 396-5827

Enclosure: Medical Authorization and Wage Information Authorization

cc: Monica Bagnara, Personnel & Risk Management Dept., City of Hermosa Beach